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## ORIGINAL DEPARTMENT.

## Communications.

## OVARIAN FETATION.

*A paper read before the Medical Society of Allegheny County, Md., August 6th, 1867.*

BY SAMUEL P. SMITH, M.D.,  
President of the Society.

Mrs. C. R., æt. 53, was married in Germany at the age of twenty-six years, and was delivered of a healthy child two years afterward. This child lived till it was nearly five years old. Two years after the birth of the first child, she suffered an abortion, and remained very delicate for many months after. As near as she could recollect, about three or four years after the abortion, she again conceived, as she and her friends generally believed, as she suffered from all the symptoms usually accompanying pregnancy, and which progressed regularly to within a short time of her expected confinement, when she was taken sick. Her midwife and physician, after carefully examining her, pronounced her pregnant and suffering severe disease, (of the nature of that disease she could give no account.) She described her sufferings to have been very great and of long continuance, and until she was reduced to the verge of the grave. She had severe night sweats, burning in her hands and feet, and her life was despaired of by her friends and attendants. From this condition she very gradually recovered, with all the symptoms of pregnancy having subsided.

After she had recovered sufficient strength to be able to move about, she found a large tumor or lump remaining on her right side, low down in the abdomen, which she described as continuing about the same in size, feeling, and position, up to the time when I first saw her in 1865. She came to this country about 1854, and has lived in Cumberland from that time till the period of her death, June 12th, 1867. She stated, that after recovering her strength from this long illness, her menstruation returned and continued

until a few months previous to her death; some times regular as to period and quantity, and anon irregular as to period and quantity.

I first visited the patient professionally on the 4th of October, 1865, and attended her then in a severe attack of bilious remittent fever, at which time I discovered the enlargement in the right iliac region, extending a few inches above the crest of the iliac bone. The tumor was firm and moveable, with no pain or soreness on pressure, and would weigh, as I supposed, three or four pounds. While examining the tumor, the patient said, "Doctor, you need not examine that lump, it is an old affection, and has nothing to do with my present sickness, and I don't want you to have anything to do with it." I thought as the patient did, and paid no further attention to it at that time.

In July, 1866, I attended her in a second attack of fever, similar to the first, but with more gastric and enteric distress. Her recovery was very slow, and she suffered from great pain and uneasiness in the tumor, with some increase of its size. From that time she suffered more or less until early in February, 1867, though at times she was up, moving about the house and garden. From the 10th of February, her sufferings rapidly increased, and the enlargement of the abdomen became more diffuse. A few days afterward she had copious discharges of pus per anum, which continued for a fortnight, when all the violent symptoms subsided, and she had great relief until early in May, when the swelling and enlargement returned, with erysipelatous inflammation over the tumor, followed by gangrene and sloughing of the soft parts, through which protruded the edge of a thin bone. Through this opening she passed large quantities of pus and purulent matter, as also food which had been taken but a short time before. In this condition she was seen by Dr. G. B. FUNDENBURG, and subsequently by Dr. C. H. OHR. She discharged per anum three ribs and several smaller bones previous to her death, which occurred on the 12th June, 1867. If her statement was correct, and it is corroborated by her husband, this foetus must have been carried at least nineteen years. She was married at 26, had her first child at 28,

aborted at 30. and was pronounced pregnant again between 33 and 34, and died at 53 years. The post-mortem appearances were as follows, as shown by the autopsy made in my presence by Drs. OHR and P. A. HENLY.

*Autopsia Cadaverica.* Mrs. C. R., æt. 53, died June 12th, 1867. Post mortem examination two hours after death. The emboonpoint of the of the body was good, the adipose deposit being fair, and filled out with a general anasarcaous deposit. The abdomen was prominent, and presented on its anterior and right aspects an irregular slough, four inches long and two and a half inches broad, extending from the umbilicus downward. This slough embraced the skin and sub-cellular tissue, but about one and a half inches below and to the right of the umbilicus, it had perforated the abdominal walls, through which presented the edge of a bone of a dark-brown color, and evidently belonging to a foetal cranium.

*Sectio cadaveris* by a crucial incision extending downward from the sternum to the pubis, exhibited the omentum of natural color and sufficiently adipose above the umbilical region and to the left side. On the right side, adhesion to the abdominal walls at the point of perforation, and to the extent of the external slough, was so complete as to obliterate the omental character, as also any division between the omentum and parietes; in fact, around the tumor, on its superior, posterior, and anterior regions, adhesions had reduced omentum, intestines, and tumor into one common mass. Adhesions had also formed between the omentum and the inferior edge of the liver, which latter organ was found enlarged, of a pale red or rose color, its inferior edge being rounded to a thickness of two inches; the gall-bladder was thickened, opaque, and very much distended with a light-colored liquid. The intestinal tube was pale, thickened, and contracted; the peritoneal sac in the vicinity of the tumor was very much thickened, in some places measuring one-fourth inch, binding the bladder low down in the pelvis, contracting the capacity of that organ, whose coats were also thickened. The uterus was pale and small, measuring two inches in length, and one and a half in breadth.

An incision through the long diameter of the tumor (which was the right ovarium) showed its walls to vary in thickness from an half to one and a half inches, showing at various points the appearance of Graafian vesicles magnified in correspondence with the walls of the sac, which in its anterior wall presented one vesicle three-fourths of an inch in diameter, converted into an hydatid.

The bone penetrating the abdominal walls was, on opening the sac, found to be a parietal bone of a foetal cranium of about eight months' development. The sac contained all the cranial bones, many of the ribs and bones of the upper and lower extremities, the carpus and tarsus, with their phalanges, and a considerable quantity of small granular bodies, apparently the spongy substance of vertebrae, etc., floating in a dark, semi-putrid purulent fluid. The bones of the upper and lower extremities appeared to have a development of about five or six months, while the development of the ribs corresponded with that of the cranial bones. The clavicular and scapular bones, in proportion to the ribs, were small, and apparently a malformation, the acromial and spinous process of the scapula forming more than half its entire bony structure; the clavicles, very short and thick, seemed to have developed to correspond with the acromion. One clavicle and scapula, and three ribs, previous to death, had been discharged per ano, and corresponded in size and appearance with their mates found in the sac. The ovarian sac was of a uniform dark-red color, and was perforated at four points, one opening through the abdominal walls, as above named, two entering the small intestines at different points, the fourth emptying into the rectum, which contained a number of the smaller bones of the foetal system. The right Fallopian tube was found to be imperforate and degenerated into a round hard fibrous cord. There were no evidences of recent inflammation in any of the abdominal organs or tissues involved in the disease, but all except the tumor itself presented an unusually pale appearance.

*Remarks.* By Dr. C. H. OHR.—The above case contains several valuable points for consideration, and it is a matter much to be regretted, that a more accurate, and therefore more reliable history of the early portion of the case could not be had. It, nevertheless, suggests some important suggestions physiologically and pathologically considered. The early history and post mortem indicate regular foetal development; the post mortem appearances indicate that development to have taken place in the ovarium and apparently in the impregnated Graafian vesicle. My limits do not permit a discussion of the various points connected with this part of the case; they are left to the reflection of the intelligent reader. At what time did the death of the foetus take place? The history of the case, so far as it was had, and the size of the foetal bones indicate a development of eight months. When did the process of foetal decay set in? Was it at her

first illness, described as taking place in Germany about 1848, or at the later period of 1865, when first professionally visited by Dr. S.? Was the decay of the circulatory system of the foetus at one period, and the decay of the foetus itself at a subsequent period? Had the putrefactive condition anything to do with either of these attacks? To what extent was the febrile attack of 1866 dependent upon and attributable to the putrid mass in the ovarium? Were the gastro-enteric symptoms of 1866 referable to the adhesive process shown by the post-mortem examination to have been set up by nature as a safeguard to ridding the system of the foetal debris? Was there a point when surgical assistance could have been rendered to the perfect safety of the patient?

### NOTES ON THERAPEUTICS.

By Jos. ADOLPHUS, M. D.,

Of Hastings, Mich.

In the issue for July 6th of the *REPORTER*, is a very interesting and sensible lecture from Dr. E. R. SQUIBB, delivered before the N. Y. Journal Association, May 16th, 1867.

I am pleased some one in the profession has had the courage to speak upon this very important and momentous topic, and am equally pleased that the editors of the *REPORTER* have had the independence and force of character to publish it. It is time, high time indeed, that the profession was awake to a sense of the great importance of this department of medical science, and that we were devoting attention and skill to its proper cultivation. Dr. SQUIBB justly observes "the legitimate materia medica, and not *expectantism*, nor *skepticism*, more than *polypharmacy*, *emipiricism*, or any other form of *ignorance*, must constitute the means by which the practical end is attained, and therefore must be the foundation of every sound and lasting medical reputation."

Who can deny this?

"At the present day, the best known articles of the materia medica are lying about as it were for the want of research and critical examination," while we are educating ourselves to believe that disease is best controlled by *food and whisky*. But we above all other classes of men know how to "*hobby*."

Just observe the barrels of cod-liver oil that have been forced down the throats of mankind to no effect. We got hold of the poor thing and attempted to ride it through thick and thin, till we have well nigh ridden it so as to be now no more than a shadow. Almost every day

I hear physicians speak of cod oil with the same disrespect they do of *AYER's pills*, or *JAYNE's expectorant*.

Physicians concluded that cod oil required only to be swallowed, and its digestion and appropriation is a foregone conclusion. Is it any wonder some men speak of cod oil as a "worthless concern"?

But I must pause for a moment, and say something more of cod oil. I believe that but few cases occur where this remedial agent is really useful, unattended by impaired nutrition. In the great majority of cases that have come under my care, the economy was unable to digest and appropriate it. I have most generally found that the appetite was very much impaired, and that food was but illy digested. I believe I can safely say, that only ten per cent of my cases received any benefit from the oil without aids to its digestion and appropriation being necessary. Of late I have adopted the following formula with most marked success in aiding the appropriation of the oil, and the cure of the patient:

R. Chlor. pott. (French,)	℥ijss.
Glycerine (Bowers,)	f.℥viij.
Soft water,	f.℥xiv.
Alcohol,	f.℥viij.
Strychnia,	gr. iij.
Tinct. ferri chlor.,	f.℥ij. (made

according to the last U. S. Dispensatory.) M.

Pulverize the chlorate and triturate it well with the glycerin, then add the soft water, and aid the solution by heat, to which when perfected, add the alcohol; then by aid of heat dissolve the strychnia in the tincture of iron, then add all the ingredients together. A half ounce of this is a dose for an adult three times a day. Gentlemen of the profession will be astonished at the marvellous power of the above tonic in aiding the digestion of cod oil in strumous cases, consumption, etc.

I have cured a number of cases of phthisis, two in the third stage. These cases have been acknowledged cases of consumption, the diagnosis made by others. When the oil has caused acid eructations I have lately used the following in preference:

R. Chlor. pott.,	℥ij.
Sulphite magnesia,	℥iiss.
Soft water,	f.℥xxx.
Alcohol,	f.℥iv. M.

Dose ℥ss. three or four times a day, with six or ten drops spirits ammo. arom. an hour or two after the oil. I have lately made great use of the latter prescription in all zymotic diseases, and inter and remittent fevers with splendid results.

I believe I have good reason to view *BRIGHT's* disease, diabetes mellitus, many cases of anemia,

chlorosis, acute rheumatism, diphtheria, and dysentery, as zymotic diseases.

I have treated cases of these diseases with the sulphite of soda or magnesia in union with the chloride of potassium with the very best results.

My attention was first called to this view of the matter while attending on a case of diabetes mellitus, which was running a very acute course. Having from experience been obliged to abandon all kinds of remedies as really useless, I selected the sulphites on the theory that the sugar was the result of a ferment in the blood, brought around by zymotic causes. The two cases thus treated have recovered. I found that for eight or ten days after commencing this treatment, that the sugar was *wonderfully increased* in the urine, and remained so for two weeks longer, and then gradually and slowly decreased. I have been led to believe that the chlorate of potassium heightens the curative powers of the sulphite, by causing an increased force of the eliminating organs.

In a case of Bright's disease, in a man addicted to liquor, I have used the above combination alternately with the bromide and iodide of potassium, with very satisfactory results. In this case I used the cod oil. From my experience with the sulphite and chlorate, I think that the latter prevents the former from injuring the appetite. In nineteen cases of typhoid fever in which I used the combination, I found the appetite more active than when other remedies were used. In fact I believe that I see sufficient reason to assure me that the hydrochloric acid acted more as an antiseptic than as a tonic.

It doubtless will singularly strike some minds, when I say that I see reason enough to lead me to believe that quinine materially increases the curative powers of the above remedies (all of them) by its action on the nutritive system, itself being appropriated. I think that its action is much like tea, causing the reappropriation of effete matter. Thus a boy suffering from pyæmia was put upon the sulphite and chloride of potassium, and appeared to mend during the first six days, but after that, stayed just so. I then ordered five grains of quinine dissolved in tartaric acid, three times a day. Thirty-six hours after (still continuing the sulphite and chloride) the pus began to grow less, and the urine was loaded with *purpurine*. Previous to this the uric acid prevailed immensely.

The boy recovered rapidly with the aid of cod oil. I have treated a number of cases of diphtheria with the sulphite and chloride alone, coupled with food, the result has been a marked

shortening of the duration of the disease. A case now under treatment,—a case of consumption in the third stage, when there were night sweats, diarrhœa, and a most distressing acidity of the stomach, which was so intense, that I believed it to have been the cause of the diarrhœa and to have increased the worrying cough, has been most happily relieved of all the just named symptoms, by the sulphite and chlorate, three times a day, and an increase of appetite is now well-marked.

Two cases of acute rheumatism, treated as above, were cured in nine and fourteen days respectively. The cures were perfect, the patients were able to go to their business at the expiration of those times. I have three more cases of pneumonia to mention, as having been treated as above with more than the usual success. One was in a man who was and is yet a sot. His case was desperate. On him I tried the first experiment, as I did not care much what became of him. He took twenty grains of each, every two hours. The whole of the right lung was implicated, his pulse was 146. He had a low muttering delirium for sixty hours, and a hot parched skin and hacking dry cough. Percussion both front and back showed denseness. In 15 days he was convalescent. I could see no difference between his case and typhus, except the absence of the spots. But the exacerbation and remissions followed immense ranges. These were controlled by *quinine* in five grain doses. The other two were asthenic cases, also, but in temperate people, both females, each upward of 40. Their pulse ranged from 110 to 135, soft and weak. One case had the greater part of left lung from the bottom involved, she was also delirious. Her heart was remarkably weak, and she took the tincture of digitalis, which mended her symptoms much. By it the dyspnoea was much relieved. This latter symptom doubtless was caused by cardiac weakness more than from implication of lung tissue. I think that if Dr. MOBLEY will watch closely he will discover that all the cases of dyspnoea, or nearly all, are attended with weakened heart, hence the value of the chlorate of potash through its oxygen on the heart tissue, restoring its tone, by giving the blood its natural stimulus. But in my case the digitalis was needed, because the mobicular life forces were greatly exhausted; the striated tissue was weakened in consequence; upon this form of tissue doubtless digitalis has the greatest influence.

I believe we can accomplish much in erecting a wise and practical system of therapeutics, by studying the essential features of disease, and learning the laws that govern them. It is, also,

by studying the *modus operandi* of remedies upon certain pathological conditions, and noting how changes are made to occur, that we can accomplish valuable practical results.

I find that the eclectics have many valuable remedial agents, and that their enlightened and posted practitioners know how to use them. We must learn also their value, and in a brief period we will excel all others in the healing art, and compel quackery to subside and die.

I have much to say upon *hydrastis canadensis*, *sanguinaria canadensis*, *lobelia inflata*, *podophyllum pelt.*, *cornus Florida*, *stilingia*, *gelseminum*, black cohosh, and others of our indigenous materia medica, on another occasion.

We are all aware how unsuccessful we are in the treatment of chronic diseases, skin diseases, tertiary syphilis, nervous diseases, and uterine diseases. Our refusal to go out of our usual train of thinking, and our attachment to certain prejudices, has made holes into which have entered the branded arrows from Dr. SQUIBB's quiver. For my part I feel doubly grateful to him, because he has called our attention to a sadly neglected department of medical science. We are behind the times in therapeutics.

#### A CASE OF INTUSSUSCEPTION.

By R. L. PAYNE, M. D.,

Of Lexington, N. C.

[The following remarkable case was communicated to Prof. EDWARD WARREN, of the Medical Department of Washington University, Baltimore, and was forwarded by him for publication.—EDS. MED. and SUR. REP.]

On the 24th day of June, myself and brother were called upon to visit a colored man, (JOHN HARGRAVE,) who was supposed to be suffering from a severe attack of spasmodic colic. We found him with a clean tongue, and natural pulse, but bathed in a most profuse perspiration, and in perfect agony from pain in the abdomen, confined chiefly to the right iliac region. About an inch and a half or two inches to the right of the umbilicus, and running down the side and nearly parallel with the *linea alba*, was a tumor as large as a man's hand, which was not more resisting to the touch than flesh, nor was the pain increased, but rather relieved, by pressure.

The facts connected with the attack were these:—the patient was in perfect health in the morning, had a copious action from his bowels, ate a hearty breakfast, walked three miles, then rode a very rough-going horse, until the sudden severe pain in his abdomen forced him to quit his horse and take to his bed. Upon going to bed the patient felt of his abdomen, and was surprised to

find the enlargement in the right iliac region, of which I have spoken above.

During the past twelve years I have met with several cases of obstruction from accumulations in the cœcum, impacted feces, etc., and I was disposed to regard this as a case of the kind, and should have done so, had not the pain and enlargement come on so suddenly. We feared an intussusception, but we could have no positive proof of this; we administered a full dose of calomel and rhubarb, to be followed in twelve hours by half an ounce of castor oil, and ordered large emollient poultices to be applied and kept to the abdomen, and also prescribed two grains of solid opium to be taken in six hours, provided the pain continued great.

Being some distance from us, we did not see him again until two days after this. The medicines had had no effect on the bowels, his tongue was heavily coated, pulse 120 per minute, abdomen tender to the touch, and somewhat tympanitic, and his stomach a little irritable.

Now all of the usual methods for dislodging obstructions were resorted to, as change of position, kneading the bowels, stimulating and relaxing enemata, the warm bath, etc., without any relief to the patient. We prescribed croton oil to be given *pro re nata*, and ordered an enema of oil of turpentine for the following morning.

On the fifth day his case presented all the symptoms of regular ileus, pain, constipation and stercoraceous vomiting, and his abdomen was so intensely tympanitic that I could have beaten the "long roll" upon it, and been heard at some distance.

The tumor could not now be seen or felt because the abdomen was so tensely swollen, and yet the intestines appeared clearly defined through the parietes of the abdomen standing up in great rolls as large as my arm.

This state of things continued up to the fifteenth day without any material alteration, during which time calomel, combined with large doses of opium was given, with the hope of procuring the mercurial effect, and relieving pain as much as possible, and with the desire that in case of sloughing of the invaginated portion of bowel the peristaltic action might be so controlled as not to interfere with any adhesions which might be forming between the ends of the bowel; but owing to the exceedingly irritable condition of the stomach only a small portion of these medicines were retained. After the sixth day our patient was not burdened with remedies. Oil of turpentine was administered and was borne as well as any other medicine by the mouth,

and I thought was of some benefit in lessening the meteorism. The abdomen was blistered and dressed with poultices impregnated with laudanum and solution of morphia, but I am candid in confessing that the final happy result is due almost entirely to the "*vis medicatrix naturæ*." From the fifth to the fifteenth day the patient was subject to paroxysms of intense pain attended with muscular spasm, cold clammy sweat, prostration of strength, depression of spirits, excessive nausea, weak thready pulse, scarcely perceptible at the wrists, in fact a state of perfect collapse. We administered opium and stimulants freely both by the mouth and by enema. His diet consisted of lime-water and milk by the mouth, and beef and mutton soups injected at regular intervals into the rectum. Throughout his illness he was tortured with a burning thirst, and would fill his stomach with quantities of water, which was gulped down with the greatest avidity, and almost immediately ejected. He was allowed the free use of ice, and ice was applied over the stomach and bowels, which remedy I think was of benefit. At no time was his pulse more frequent than 130 beats per minute; this I think was somewhat remarkable and unusual. On the morning of the 15th day, there was a general amelioration of the symptoms, more especially apparent in the subsidence of tympanitis. After the intestines below the obstruction had been emptied, he had no further stool for ten days, so that he really had nothing to pass through the whole tract of the intestinal canal until the evening of the 15th day, when he had a bloody stool, accompanied with broken shreds, matter resembling dark unhealthy pus, and about two inches of intestine in a semi-putrid condition. On the morning of the 16th day he had free alvine evacuations consisting of fecal matter, blood, and twelve inches more of intestine, since which time he has been slowly convalescing. Two weeks since, I discharged the patient, and was visited by him at my office on yesterday, just about four weeks after the passage of the invaginated bowel. I regard the case as interesting and remarkable, not only for the great length of intestine intussuscepted and passed, but also that he has recovered his health in a great degree under such untoward circumstances. The truth is, kind nature is one of the best friends of the profession, and in many cases while we repudiate the "*nimiam curam*" she will bring to bear her potent "*vis conservatrix*," and lend us a helping hand.

The twelve inches of bowel I have in alcohol, subject to your orders, and I send you this im-

perfect but faithful account of the case, to be used as you think best.

### SULPHATE OF QUINIA PER RECTUM IN FEBRIS INTERMITTENS.

DOES IT DIMINISH THE SIZE OF THE SPLEEN?

Translated from the French of PIGREY.

By WM. MASON TURNER, B. PH., M. D.,  
Of Philadelphia.

When we remember how well determined it has been, that the administration of quinia sulphas by the stomach, in doses of from one to three *grammes*, [one gramme equal to about fifteen grains—*Translator*.] has diminished in a few moments the volume of the spleen; when, moreover, I recall the promptitude with which water, introduced into the organic cavities, reaches in large quantity the kidneys and bladder, I have naturally been led to believe that this same sulphate of quinia, above mentioned, injected into the anus, would determine rapidly atrophy of the spleen. Moreover, I was formerly the more inclined to believe this, as in the ordinary run of medical practice, this channel, the rectum, is made use of frequently for the exhibition of various medications. Again, in the year 1824, I employed with a notable success, injections of the powder of Peruvian bark (diluted in water) *per rectum*, to combat a cerebral fever, which I then named *encephalic irritation in infants*. It is true, I have not since then, for a certain time at least, been encouraged to the same degree, in analogous cases, by the sulphate of quinia. But at the same time this did not discourage me. I had recognized in its action on myself a certain influence of quinia sulph. on the spleen, a means, indeed, by which could be appreciated the real effects of this medicine, by whatever way exhibited. I then made a series of researches on this subject.

In five cases analogous to those related in Observation 92, and to those collected in my service by one of my most distinguished pupils, Dr. BLANCHET, there was not the least success when we had recourse to the administration of the sulphate of quinia by the rectum. In Case 92, referred to, for two days the quinia was given by anal injections, in the dose of 0.75 of a gramme, and the spleen diminished nothing in size, neither at the moment, nor after several hours and days following. The same dose was then given by the mouth, and in a remarkably short time the spleen returned to its normal condition. Here (per rectum) the medication seemed to give rise

to colic, and to those watery stools, which settled all doubts as to the results of the experiment—the quinia acted simply as an irritant, was not absorbed, and consequently produced no specific action. But in other cases, no diarrhoea was observed, and the quinia was even borne, in doses of one and a half grammes, in the rectum—yet the spleen was not in the least reduced. Then the same medication, taken by the mouth in similar proportions, in a very short space of time produced on the spleen its accustomed effect.

I had almost abandoned this series of researches, when, in the first days of December 1842, I recognized a very great advantage, both on account of rapidity of action and less dose to be exhibited, in the *bi*-sulphate—dissolved without the addition of acid—over the sulphate. I then made an application of these facts, on the 7th of December, on a man who had not an attack of fever, but who was subject to epilepsy. I measured the spleen with care; it was 0.080 in diameter. This measurement was verified by twenty persons, *all more or less familiar with the use of the plezimeter, and having that expertness requisite for this kind of operation.* Then we threw up the rectum fifty centigrammes [ten grains—*T.*] of the bisulphate of quinia dissolved in fifteen grammes of distilled water, and we noted the hour exactly at which the medicine was administered. Before the end of the first minute, sonorousness and elasticity were distinctly pronounceable, on percussion, over the region of the spleen, where, up to that moment, was to be found dulness and resistance. Minute by minute we watched the organ, in some or other manner, slip and shift under the fingers; and five minutes afterward, the dimensions were no more than 0.06, and they diminished still a centimetre more in the following few moments. Moreover, the organ was much more sonorous, and less resistant to the touch, than before the administration of the salt of cinchona. It appeared incredible that it could be reduced to a dimension so very small.

Since that time these experiments have been very many times repeated, and ever with the same success.

It results, then, clearly from our observations: 1st, that the sulphate of quinia, very little soluble or non-soluble, thrown into the rectum, does not produce, even in twenty-four hours, any action in the spleen. This fact depends, beyond a doubt, on the absence of the acid liquors in the intestine which are found in the stomach, and the medicament cannot be absorbed. 2d, that the sulphate of quinia, rendered soluble by the

addition of an excess of acid, and that the other soluble salts of quinia, injected in the anus, are followed by a very prompt diminution in the volume of the spleen, and are consequently absorbed. Now, as it has been demonstrated in our work, that we cure an attack of fever by remedying the splenic hypertrophy, it results that it is sufficient to inject (and to repeat if necessary) fifty centigrammes of the bisulphate of quinia dissolved in fifteen grammes of distilled water [or fifty centigrammes of the sulphate dissolved in acid—*T.*] into the rectum, and we can cure, beyond a doubt, any case of intermittent fever.

[NOTE. It is necessary to state that the ideas of M. PRONAY, promulgated so many years ago, are still *dicta* with him, or certainly were in 1858 and 1859.—*Translator.*]

## Hospital Reports.

JEFFERSON MEDICAL COLLEGE, }  
June 26, 1867. }

SURGICAL CLINIC OF PROF. GROSS.

Reported by Dr. Napheys.

### Hydrocele.

Patriek A., æt. 56. He has had some trouble in his testicle for three months. It presents a cylindrical swelling upward of four inches in length, well circumscribed, extending as high up us the external abdominal ring. There is no enlargement of the spermatic cord. Coughing does not communicate the slightest impulse to the tumor, and it never disappears when he is recumbent. The testicle is not at the bottom of the swelling, but at the back portion. The tumor feels very firm, but at the same time is compressible, and below is almost translucent.

This is a case of hydrocele, interesting from the peculiar shape of the tumor and its circumscribed character, the usual form of a hydrocele being pyramidal.

The palliative operation was performed.

### Occlusion of the Vulva.

Julia D., æt. 11 mos. This child has adhesion of the labia, the result of inflammation in consequence of a neglect of proper ablutions. The adhesion was readily broken up by means of a probe, the mother being directed to wash the parts with cold water two or three times a day.

It is well that the operation was performed thus early, for if the parts had been allowed to remain in that condition for any considerable length of time, the adhesions would have become more firm, and difficulty, therefore, have been experienced in liberating the parts.

### Inversion of the Nail of the Great Toe.

Miss A., æt. 21. This patient has an inverted toe-nail. This affection usually involves, as in this case, the nail of the big toe. It is sometimes, though rarely, observed on the small toes. The disease is occasionally congenital. Prof. Gross

has recently seen several cases of this character well marked in infants. Generally speaking, it is acquired, and when a predisposition to it exists, it is apt to occur in its more aggravated forms. Both edges are liable to inversion, but one is usually more fully inverted than the other. When the predisposition exists, wearing a narrow-toed shoe or a shoe with a high heel, so as to throw the weight of the body against the big toe, has the effect of rapidly developing the disease. It consists simply, as the term inverted implies, of a thrusting of the edge of the nail into the flesh by the side of the phalanx, irritating in this way the soft structures, keeping them in a state of inflammation, and finally causing them to ulcerate, the sore having an exceedingly offensive discharge, sanious, thin, and fetid in character. When the toe is in this condition, progression is difficult, sometimes absolutely impossible. The inflammation in some instances involves a considerable portion of the foot, and gives rise to sympathetic bubo in the groin.

Various operations are performed for the relief of this affection. The operation of DUPUYTREN consisted in the evulsion of the entire nail. One of the blades of a pair of stout scissors of peculiar shape was introduced through the centre of the nail, carrying it back some distance through the soft structures, and then each half was torn out—a most barbarous, savage, and improper procedure. The operation performed by Prof. Gross consists in cutting out the inverted portion of the nail only. For this purpose the patient is put under the influence of chloroform, and by means of a stout-handled knife, the whole of the inverted portion of the nail, and sometimes a portion of the soft structures, are cut away, the incision being made so as to embrace the root of the nail. In some cases, when the inversion is not very great, it may only be necessary to cut away the overlapping soft structures. There can never be, under any circumstances, any excuse for the removal of the entire nail. The great toe-nail is of much importance in progression. When it is lost, the shoe cannot be worn with the same degree of comfort as when it exists. One can step more firmly when the nail is present than when it is removed, and the pressure exerted on the toe in its absence must always be productive of more or less inconvenience and discomfort. It is, therefore, of great importance to preserve a portion of the nail. If it be necessary to operate upon both sides, still sufficient of the nail should be left to answer the purposes referred to.

The patient was placed under the influence of chloroform, and the inverted portion of the nail excised. She was ordered a quarter of a grain of morphine, and directed to keep the foot at rest for the next five or six days.

#### Foreign Body in Nose for Two Years.

Lizzie B., *æ*t. 5. Two years ago a large piece of paper was removed from the nose of this child, which had given rise to offensive inflammation. It was supposed that the whole of the foreign substance was extracted. Since that time there has been a discharge from the nose more or less extensive in quantity and disagreeable in character.

On examining the nostrils, a piece of paper encrusted with calcareous matter was found impacted in the lower meatus.

#### Calcareous Tumor.

Anna F., *æ*t. 30. She has a curious pendulous tumor on the right side of the neck, under the ear. It seems to be confined entirely to the skin, and is of about one year's standing. It is painless, excepting when touched.

On removal it was found to be cretaceous, chalky or calcareous in character, such a tumor as that observed sometimes in the ear and about the fingers and toes in gouty subjects. This is a very unusual situation for a tumor of this kind.

#### Lithotomy.

Thos. F., *æ*t. 7 years, residing in south-western part of city. This boy has been laboring under urinary difficulty for five years. His suffering has consisted in frequent micturation, with a great deal of straining and distress. There has been much irritation experienced in the extremity of the penis, and there is enormous hypertrophy of the foreskin produced by handling the part. His urine is muco-purulent in character. During the last three weeks his suffering has been intense.

A week ago a sound was introduced into the bladder, and a stone discovered. He has been twice sounded since, and a calculus detected each time. During the last week he has been taking a wine glass full of an infusion of uva-ursa, with ten grains of bi-carbonate of soda, three times a day, and one-sixth of a grain of morphine at night.

The boy was placed under the influence of chloroform, and the lateral operation for lithotomy performed. An uric acid calculus, fully one inch in length and three-fourths of an inch in width, was removed.

The water will flow through the wound until the inner portion of it closes up, within the next ten or fifteen days, the time varying in different cases, depending very much upon the size of the calculus and of the incision. In twenty-four or thirty hours the urine will pass for a few hours through the natural channel, either entirely or in part, in consequence of the swelling of the lips of the wound. After that time, so soon as the swelling has subsided, the urine will again pass off by the wound, and continue to do so until finally it assumes its natural channel.

The night or morning before the operation the bowels should always be opened thoroughly, so that there may be no danger of wounding the rectum, and so that the bowels need not be disturbed for a number of days after the operation, which is a matter of great consequence, for any straining must be productive of more or less uneasiness in the wound, interfering with the reparative process.

There are two difficulties in this operation. One consists in reaching the staff, a difficulty which is particularly marked when there is great depth of the perineum; the other, in seizing the calculus, after having made the incision.

#### Otorrhoea.

Wm. H., *æ*t. 19. Temperate habits. He has had for a long time an extensive discharge from

the left ear, thick, yellowish in character, sometimes bloody, and more or less offensive, staining the pillow at night. He cannot hear at all out of the left ear. There is considerable swelling, in consequence of which the auditory tube is encroached upon, and the cavity is filled with pus, occluding the tympanum. It is possible that the tympanum has its integrity, but judging from the long continuance of the inflammation it is probable that it is entirely destroyed, and that the disease has extended to the petrous portion of the temporal bone.

This class of disease in children is entirely too much neglected, being often dismissed with the passing remark that the child will outgrow it, thus doing much injustice to the physician as well as to the patient. The treatment should consist of both local and constitutional remedies. Ablutions are of primary importance; the ear should be washed out at least three times a day. If there be fetor, it is readily allayed by the addition to the water of permanganate of potassa or chlorinated soda. In order to change the condition of the affected surface, medicated lotions may be thrown into the ear, of sulphate of copper, sulphate or acetate of zinc, sugar of lead, or what is preferable, a very weak solution of chloride of zinc, a few drops of the official preparation, to an ounce of water, a powerful detergent and alterant. A weak solution of nitrate of silver is very frequently of use. Sometimes when the ulcerative process is going on rapidly, the medicated lotion may be applied on a piece of cotton saturated with it, and introduced with a probe to the very bottom of the canal in contact with the affected surface. Or ointments may be employed; the ointment of the nitrate of mercury, very much diluted, is one of the best, applied with a camel's hair pencil. Internally, such remedies should be made use of as are indicated by the condition of the system. This boy is not in need of tonics, as he has a good complexion, and good appetite. He will be treated antiphlogistically.

He was ordered the antimonial and saline mixture, no meat, none of the coarser vegetables, and every fourth night, five grains of blue mass and one of ipecacuanha. As an injection, he had a solution of permanganate of potassa, one half a grain to the ounce. Constant irritation by means of blisters was also ordered to be kept up behind the ear, over the mastoid process.

## EDITORIAL DEPARTMENT.

### Periscope.

#### New Mode of Treating the Ligature.

Mr. C. D. MORGAN, of Middlesex Hospital, proposes, says the *London Lancet*, a new mode of treating the ligature. Instead of bringing the ends out between the lips of the wound, after an operation, he passes them through the flap at the nearest point, by means of a needle. Thus the wound remains undisturbed, and the effect of the ligature in preventing speedy and entire union

by first intention is obviated. The plan has proved very satisfactory in the few cases in which it has been adopted. No difficulty occurs in removing the ligature.—*Pacific Med. and Surgical Journal*.

#### Tetanus Successfully Treated with the Calabar Bean.

Dr. E. WATSON, of the Royal Infirmary, Glasgow, reports in the *Lancet* two cases of traumatic tetanus occurring in children. The injuries were slight contusions of the toe in one instance, and the finger in the other,—both involving the nail. Three days elapsed in the first case before the Calabar Bean was employed, meanwhile violent spasms (opisthotonos) occurred frequently, being more severe every evening. Immediate relief followed the exhibition of the extract of the bean, but the effect was so transient that the dose had to be continually repeated and largely increased, and as much as one grain was given every hour, this, however, by mistake, though no serious consequence ensued. In forty days the bean was discontinued and the patient well. The second was a less severe case, and recovered in about three weeks. Upon the contracted muscles, the effect of the bean was remarkably apparent, producing in them relaxation, the muscles of the back being last to succumb. The effect upon the pupil was not so great as might be expected from the known results of its local use.—*Pacific Med. and Surg. Journal*.

#### Incontinence of Urine treated with Belladonna.

Dr. JAS. T. WHITTAKER, Resident Physician Commercial Hospital Cincinnati, Ohio, gives in the *Western Journal of Medicine* some cases of the successful use of belladonna in the treatment of incontinence of urine. We quote two cases.

W. B., admitted May 4, 1867, age 26, nativity, Rhode Island, occupation, boatman; states that last January noticed an increase in the quantity of urine voided daily, calls for its discharge becoming more frequent than normal. During the latter part of the month experienced an increased micturition, with nocturnal incontinence, and less control over its discharge by day; observed also at this time the ejection of a white creamy substance sometimes accompanying, occasionally following the urine; has travelled the round of venereal diseases, having had gonorrhoea twice, the last time three years ago, and syphilis some time before.

Condition on admission—robust but of spare habits of body; digestive functions unaffected; circulation normal; skin rather dry; thirst constant, external examination of the kidney reveals nothing abnormal; scrotum, thighs and penis excoriated by the urine which constantly dribbles away without the cognizance of the patient. Urine, pale and cloudy, depositing an abundant stringy sediment; quantity cannot be definitely ascertained; very much increased, however; spec. grav. 1002; reaction neutral; presents neither sugar nor albumen to appropriate tests. Field of microscope displays octahedral crystals of ammonio magnesian phosphates, with granules of lime. Ordered ext. belladonna, gr. ss. every

three hours, and emollient applications to excoriated surfaces.

May 7. Decided improvement noticed this morning; yesterday and to-day has been able to retain the urine by day without difficulty—voided involuntarily, only once last night; general condition, excellent; slight dilation of pupils; interval increased to four hours.

May 10. Has perfect control over the bladder by day; nocturnal incontinence still exists when sleep is very sound; never voided more than once in a night. Discharged with medicine, to return as out-door patient.

It is a matter of regret that the patient never re-appeared, though it is, perhaps, presumptive evidence of complete recovery.

Case 2. D. F., admitted June 11, 1867, age 43; nativity, Pennsylvania; occupation, laborer; states that he has frequently officiated at the shrine of Venus, and often been a martyr thereto.

Some eight months ago was exposed to the liability of contagion; a few days after coition a clap appeared; discharge continued for some time with the usual phenomena of the disease.

After the cessation of the discharge, experienced a burning sensation in the urethra, which has continued to the present time, with severe pain in the right hypochondriac region posteriorly; states also that he has incontinence of urine at night, and but little control over it by day.

Condition on Admission.—Apparently older than ascribed age; below average strength, evidently an old stager; lateral curvature of the spine exists, convexity toward the left in the lumbar region; complains of constant pain in the region described; nothing unnatural in the condition of the genital organs. Urine perfectly normal. Ordered ext. belladonna, gr. j. ter. die. Emplast. canthar. over seat of pain.

June 14. Improvement marked; perfect command over the discharge of urine; burning sensation in urethra entirely disappeared; pain in the back alleviated by the blister. Discharged.

#### Tetanus.

Doctor PHARES, *Richmond Medical Journal*, July, 1867, speaks of the *Passiflora Incarnata*, as a most valuable remedy in the treatment of tetanus. The form recommended by Dr. PHARES is the inspissated juice of the whole plant; this juice is dried and powdered, and is given "in doses of from one to four teaspoonfuls, repeated *pro re nata*." The writer also speaks favorably of it in neuralgias, in ulcers, and in erysipelas.

While referring to the treatment of tetanus, we may observe that abroad the calabar bean is reported to have been used successfully in some cases of this disease. *Western Jour. of Med.*

—Dr. WM. CARSON, of Cincinnati, is anxious to obtain statistics of cases of hepatic abscess. Those of our readers who may have had such cases in their practice, would do well to communicate with Dr. C., and he will furnish them with *blank forms*.

## Reviews and Book Notices.

### NOTES ON BOOKS.

The most recent medical publications in Paris, are a treatise by Dr. DAMASCHINO on "The Different Forms of Acute Pneumonia in Infants;" Dr. J. ROLLER's "New Conjectures on the Disease of Job;" a description of the method of instruction employed in the deaf and dumb asylums of Toulouse, by the Abbe CHAZOTTE; and a work by Dr. V. BURQ, entitled "Metallo-Therapeutics, or Copper in Cholera; Facts and Observations since the Epidemic of 1849; Inquiries and Experiments in the Hospitals." The sulphate of copper, it will be remembered, was DUPUYTREN's favorite prescription in cholera.

In Great Britain a "Manual of Pharmacodynamics," has appeared from the pen of Dr. HUGHES; and Dr. PAYY has just published a "Treatise on the Function of Digestion."

The American press will shortly bring out in New York a translation of "An Introduction to Chemical Philosophy according to the Modern Theories," of Dr. A. C. WURTZ; while an "Introduction to Pharmaceutical Chemistry," by FULLER; a translation of TROUSSEAU's "Clinical Medicine," by Dr. BAZINE, with notes by an American Editor; Dr. HOLMES' "Surgical Diseases of Children;" and an Essay on the "Therapeutics of Inhalation," by Dr. J. SOLIS CORNEA, of this city (who has studied the subject most conscientiously), are to be forthcoming from various Philadelphia houses.

Another book is in press on the popular topic of criminal abortion. With the customary love of "taking titles," manifested by writers on that topic, it is named "Woman's Rights." Are we never more to be able to guess the contents of a book from its title page?

Clinical Lectures on the Principles and Practice of Medicine. By JOHN HUGHES BENNETT, M.D. F. R. S. E., Professor of the Institutes of Medicine, and Senior Professor of Clinical Medicine in the University of Edinburgh, etc. etc. Fifth American, from the Fourth London Edition. With 537 illustrations on wood. New York: Wm. Wood & Co. 1867. One vol. 8vo. pp. 1022. Cloth. For sale by J. B. LIPPINCOTT & Co., Phila. Price, cloth, \$7; sheep, \$8.

Dr. BENNETT's Lectures come to us in this edition so much enlarged and with such an amount of new matter, that they have all the merit of a new book. The author is without doubt in the very front rank of the British progressive teachers, and his doctrines are bringing about radical and most important alterations not only in the theory

ries of medicine, but in their daily applications. No physician who would keep pace with the advancement of science can dispense with his writings. They embody strong original views, derived from a most wide experience, and a most conscientious study of clinical facts. They are the exponents of a school almost as different from that represented by such writers as WATSON and WOOD, as the experimentalists were from the ancient dogmatists.

These lectures are not a good text book for students. They demand a familiarity with practice not found among beginners, and the frequent startling novelties which the author delights to introduce, while extremely suggestive to the disciplined mind, would be likely to sadly discompose the disciple. For example, his vigorous invectives against mercurials, and his assertion that all the so-called syphilitic diseases of the skin are nothing but ordinary skin diseases, modified by mercury (p. 841), his unsparing denunciation of bleeding, and scorn of the "change of type" theory in disease, his deliberate ignoring of all essential difference between benign and malignant tumors, and other peculiar positions, no doubt partially true, are held with a resolution that warps his judgment of their defects. Of course the great leucocythemia controversy—in which our own opinion is that Professor VIRCHOW has the best of it—receives a fresh airing, and the conversion of VELPEAU to Dr. BENNETT's views on the curability of cancer is introduced with decided complacency.

Very much of the work has been re-written, and without materially increasing the bulk of the volume, its value has been greatly enhanced. We earnestly recommend it to our readers, as the most complete course of clinical lectures from the British press, and the very best exponent of the "new views."

**The Medical Use of Electricity, with Special Reference to General Electrization as a Tonic in Neuralgia, Rheumatism, Dyspepsia, Chorea, Paralysis, and other Affections associated with General Debility. With illustrative cases. By GEO. M. BEARD, M. D., and A. D. ROCKWELL, M. D. New York: Wm. Wood & Co. 1867. 1 vol. 8vo. pp. viii. 65. Price, cloth, \$1.00; paper, 75 cts. For sale by J. B. LIPPINCOTT & Co., Phila.**

By "general electrization" is meant that method of passing the current through the whole system where one electrode, usually the negative, is placed at the feet, and the other is passed over the surface of the body generally. It is the opposite of the "local electrization" of DUCHENNE, and the work before us claims, that while the lat-

ter is serviceable in paralysis, acute neuralgia, and local disease, the former must be employed where a general tonic effect is desired.

Much, however, depends upon the strength, the frequency, and the manner of its administration, and on these points as well as on the particular class of cases to which it is applicable, the authors propose to give information.

Looking back at the therapeutical history of electricity, it presents a series of warm espousals and contemptuous rejections. We are just now entering another of the first of these periods. Fifteen years ago, the electric machine was remanded to the lumber room; now at least a dozen works a year appear on its employment. We have yet to see the one which will clear up the doubt about its worth, and it will only be when physicians will have the boldness to print their failures as well as their successes, and seek, not renown, but knowledge. In the present work twenty-five cases are reported, twenty-four of which were "improved" or "cured." No account is given of the relative proportion not benefitted, next to nothing is said of failures, no estimate is offered of the whole number treated.

Moreover, nearly all these cases were treated within the last year, and if previous experience proves anything, it does that so-called cures by electricity are beyond all others deceptive and temporary. It is impossible, therefore, to derive from it any certain knowledge of the real relative value of the method employed.

The book is beautifully reprinted on tinted paper, from the *Medical Record*. While it is open to the very serious objection just stated, it contains much that will interest those who are studying the medical applications of electricity.

#### Experiments with Bromide of Potassium.

Messrs. EULENBURG and GUTMANN have stated, before the Academy of Medicine of Paris, that doses of from thirty to sixty grains, either by the stomach or injected under the skin, kill a rabbit in from ten to forty minutes. Smaller doses momentarily disturb the action of the heart, and paralyze the power of moving and feeling, causing a few antecedent shivers. On a post-mortem examination of the animals, no change, but some congestion of internal organs is found. With frogs, a subcutaneous injection of one grain to two causes, after ten or fifteen minutes, loss of movement, reflex action and feeling, with arrest of respiration, weakening and infrequency of cardiac ventricular action, retardation of peripheral circulation, and lastly, complete diastolic arrest of the heart's action. These effects are attributed by Messrs. EULENBURG and GUTMANN not to the bromine, but to the potassium.—*Lancet*.

## Medical and Surgical Reporter.

PHILADELPHIA, AUGUST 31, 1867.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., Editors.

### PATENTS IN MEDICINE AND SURGERY.

The great laws of morality, because they restrict the individual in the satisfaction of his selfish wishes, are forever suffering from attempts at distortion and perversion. Specious arguments are advanced to justify their infraction, and point after point is allowed to fall into desuetude, until custom itself is advanced as a sufficient excuse for their neglect.

Such is the condition of medical ethics just now on the subjects of patented medicines and instruments, and on specialties in practice. An acute writer published a few years since, in the now defunct *Journal of Social Science*, a defence of the latter, which had been declined by the American Medical Association, while for the former a well written and dangerous plea was accepted and published in the last volume of the *Transactions*. Moreover, as this was not the report of a standing committee, it was not covered by the disclaimer at the head of the volume, but might have been, and *has been* received in some quarters as the tacitly endorsed opinion of the body. It is our intention sturdily to oppose both these proposed changes, believing them both antagonistic to a high professional morality. We do not know that we have any new arguments to advance, but it is worth while to reiterate emphatically some whose sound has been uncertain of late, and to hold up certain reprehensible laxities that are becoming sanctioned by custom.

The argument in favor of patents is briefly that medicine is a trade, in which everything is subordinate to money making, and that a man should be protected, therefore, in the fruit of his skill. The reply to this is simply that the premise is false; that the highest object of the healing art is to prevent and relieve pain; that he who for the purpose of gain conceals, or makes difficult, or dear, means which he knows are of superior efficacy in accomplishing these ends, sells his conscience for gold. But, it is objected, are medical men to be beggars? Have they not mouths to feed and backs to clothe as well as others? Are they to give all their goods to the poor, and throw in the products of their brains, too? Far be it from us to suggest such romantic philosophy. It might have passed in Judea eighteen centuries ago. Even later, in what we

call the Dark Ages, we read of a Doctor VAN HELMONT, whose name is perhaps not totally unfamiliar to our readers, proclaiming that "the healing art is an office of love and mercy, the last and highest application of all knowledge, the living reality of Christian duty, not to be practised for the sake of gain or without love to humanity." But fortunately the Dark Ages have passed, and we are ready with other arguments; ready, for example, to maintain that the surgeon who invents an ingenious and useful apparatus, does not lose the profit of it by making it public. He increases his fame, he gains greater respect from his brethren, and his visiting list comfortably lengthens in consequence. We believe he makes more thus than if he filed a caveat; it is a shrewder "dodge."

While progressive minds see no reason why a surgeon should not patent an instrument, they perceive many why a secret preparation should not be used; they would have all patented; and if neither, then they would object to copyrights on the same ground. But the copyright does not limit knowledge, as it never extends to the ideas advanced, so the assumed parallel is no parallel at all. To monopolize medical preparations is to grow fat on human misery, if the preparations are valuable; and if they are not, it is to swindle the sick and the poor. Moreover, as it is well known that the success of a patent medicine does not depend either on its composition or its secrecy, but solely on the skill with which it is advertised, neither would the publicity of its formula injure it, nor the intrinsic worth it might have hinder its owners from stooping to degrading means to push it in the market.

With a growing laxity on such subjects, it is often supposed by physicians that to prescribe a patent or secret medicine whose composition they know not is not objectionable. We have known many such recommend M'MUNN's Elixir of Opium, HELMBOLD's Extract of Buchu, AYER's Cherry Pectoral, and even SCHENCK's Syrup. The result is that the public are daily becoming more and more the victims of quacks, and apothecaries who wish to carry on an honest trade cannot do so. The remedy is to begin at home; never to recommend a secret or a patent medicine, and for every town and city medical society to throw its influence in favor of all druggists who will agree not to deal in them.

An attempt to keep the letter of the law but to break its sense, is made by those pharmacutists who publish the formula of some elixir or syrup or other nostrum, which formula is either practically impossible to carry out, or else contains

some rare and probably unprocurable ingredient, on which ostensibly the value of the compound depends. This is nothing but charlatanism in disguise, and simply aims at gaining by hypocrisy the favor of the profession. To the pillory with such knaves.

There is a constant tendency in certain minds wilfully to ignore the higher duties of the physician's calling, to drag it down more and more to the level of a trade, to speak of it as nothing but one of the means of getting a living. It is a part of the materialistic tendency of our age, and of the single eye we are taught by pulpit and press to have to money as the chief end of man. To this we attribute the deliberate advocacy of lower motives and more sordid aims, which has arisen within the last few years. No matter from what quarter they appear, under what sanction, or in what disguise, we propose to offer them the battle to the death, and to display them in their real, unamiable light.

#### NOTES FROM THE EXPOSITION.

In looking over the letters from Paris to the scientific journals, we notice several points of general interest to physicians and pharmacutists, especially in reference to new preparations.

Now that a modified form of the theory of the organic origin of many diseases is gradually passing from the state of hypothesis to that of fact, the agents which promote and retard the development of organic life are destined to take the first rank in rational therapeutics. The opposites in this respect are the phosphoric on the one hand, and the sulphurous and phenic acids on the other.

It has been demonstrated that gelatinous phosphate of lime facilitates putrefaction, which is but another way of saying that it favors the development of the lower forms of organisms. By a similar, perchance identical action, it assists digestion, hastens the discharge of waste tissue, and furnishes directly material for bone and nerve structure. It is offered by M. COLLAS in the form of milk of hydrated phosphate of lime, and the active element, the phosphoric acid, is also elegantly prepared as a lemonade, and as phosphate of soda.

Phenic, or as we more commonly call it, carbolic acid, would come into greater use were it a more manageable drug. A specimen of a phenol soap is offered, and is claimed to be of great use in skin diseases, while a perfumed phenol is presented, said to be a really delightful toilet water and dentifrice. The proportions used are ten grammes of the crystallized acid to a litre of

water, with various aromas. When used as a dentifrice, a spoonful of this is added to a quart of water. The phenate of soda can be used with great success as an unguent (one part to ten of simple ocerate) in parasitic affections, and a comb dipped in a solution of it, and passed through the hair is an efficient remedy in pityriasis, etc. Internally it has been administered by inhalation, by injection, and by the stomach. For the latter purpose a solution of one part in a thousand has been employed.

Few readers are perhaps aware of the method of extracting the cod liver oil. The fresh livers are heated in metallic vessels to 180 degrees F., and constantly stirred until they break down into a pulpy mass. This is strained through calico bags, the oil obtained, filtered, and put up for use. Besides the cod, specimens of equalus liver oil are offered, and various "creams" and "extracts," "iodinized" and "phosphorated" oils, all of which are of questionable utility, or at least superiority. When first expressed the oil has a seaweed odor, which cannot be retained.

In place of the valerianate of ammonia, the valerianate of triamylene is proposed, specimens of which are shown. It contains four equivalents of valerianic acid, but the substitution of triamylene for ammonia is of doubtful propriety.

As a substitute for poultices an ingenious druggist proposes a thin impermeable tissue of gutta percha, or similar stuff, enclosing a double layer of swan skin. The latter, wet with a hot decoction of linseed, slippery elm, poppy, hops, etc., will thus retain a heat 150 degrees F., as long as twelve hours, and is devoid of odor, unpleasant weight, and inconvenience of preparation. The objection to it is that this is not an application of moist, but of dry heat, and their effects are essentially different. Of other novelties we may speak at a future time.

## Notes and Comments.

#### Medical Transfer Agency.

Our readers will have noticed from the advertising pages, that we offer our office as a medium of communication between physicians who are in search of localities to commence the practice of medicine, and those who from age, illness, or other cause, contemplate relinquishing its arduous pursuit altogether, or wish to share its burdens by accepting a partner. It appeared to us that such a channel would benefit hundreds of worthy and striving young men, by pointing them out openings for the immediate exercise of

the professional acquirements, and thus avoiding the long and dreary years of waiting, so cheerless and oppressive. It would be not less welcome to many older practitioners, who would thus be enabled on quitting the harness to hand over their practices to some one of whose fitness for it they could satisfy themselves, and at the same time secure an adequate compensation for a position so toilsomely won. The ready responses we have received from both sides encourage us to continue and extend our plans. We have already the sale of many desirable locations, and others are being offered daily. That applicants are also numerous, it is superfluous to add. All such transactions are conducted in that confidence which is so peculiarly necessary in professional matters, and applicants are not informed of the names and address until they have consented to the terms. The REPORTER offers an unsurpassed means of bringing the practices for sale to general notice; but in addition to this, we shall shortly have ready an extended List of Practices to be distributed to the profession at large. Such Agencies have been established in Great Britain, conducted by men of high standing in the profession, and their influence is good. It shall be our endeavor that by moderation in charges, and delicacy in management, our enterprise also may be mutually beneficial.

#### Allopathy and Reform.

A correspondent in Georgia has forwarded us a copy of the "Annual announcement of the Reform Medical College" at Macon in that state. It is a precious document! By "reformed medicine" is meant Thomsonianism, a branch of quackery well nigh obsolete in many sections, but rampant enough in others. As its chief sustenance is abuse, of course the announcement deals liberally in the "short-comings of allopathy," "murderous erroneous allopathy," whose advocates are termed "modern poisoners," and its works "the unfruitful works of darkness." We heartily agree in this respect with the Reform Medical College, though so far as we know there are no allopathists at present, and the reformers must either be singularly at fault in history, or delight in setting up a man of straw to knock down. Allopathy, like Thomsonianism, being an "exclusive dogma," is repudiated by scientific medicine, and neither the one nor the other is advocated, except by quacks and fools.

The reformer seems particularly aggrieved that the Confederate Congress did not admit them to the army medical staff, and call it a "more than Japanese exclusiveness." On which our corres-

pondent remarks that the congress "argued, (or might be presumed to have done so) that we were blockaded, and that it would be all we possibly could do to furnish camp kettles for the army, and therefore could not find vessels suitable to make teas in."

#### The Public Health.

A correspondent writing from Florence, Italy, says:

From a report on the cholera lately published, we find that the cases from January to July, this year, have been as many as 63,376, followed by 32,074 deaths. The Sicilian provinces have been the most grievously affected by the malady. In Goigente 16,014 cases are reported, and 7,310 deaths; in Bari (Neapolitan province), 11,116 cases, and 6,412 deaths; at Caltanissetta (Sicilian province), 7,191 cases and 4,110 deaths. In a word, we find that death followed the attack in above half the number of cases.

A Naples telegram of the 9th says cholera was making terrific ravages at Palermo. The average number of deaths was 190 daily.

The cholera is said to be making alarming progress at Warsaw. As many as 300 cases a day occur in a population of 300,000. Since the 2d of June, when the epidemic appeared, about 4,000 persons have been attacked, and more than half the cases have terminated fatally.

In this country, the disease does not seem to make rapid progress. It seems to be subsiding still on the Western frontiers. A few cases are reported in some of the large Western and South-western cities, and in New York, but it does not seem to become epidemic except in a few circumscribed localities.

The yellow fever continues its ravages in the South-west. It has been declared epidemic in New Orleans. During the week ending 6, A. M. Aug. 18th, there were 26 deaths from yellow fever, 4 bilious, 14 congestive and 8 typhoid. On the 18th, there were reported 12 from yellow fever, other fevers 9, cholera none, other diseases 13. On the 23d, 19 deaths were reported from yellow fever. At New Iberia, Louisiana, and Galveston, Indianola, and Corpus Christi, Texas, no abatement in the disease is yet reported.

#### Inebriate Asylums.

The New York State Asylum for Inebriates at Binghamton, we are glad to announce, is under successful operation, under the efficient superintendence of Dr. ALBERT DAY. About thirty patients are under treatment. But "what are these among so many?" There are thousands of dram

shops hard at work, making drunkards—seven thousand of them in New York city alone! It is estimated that there are one hundred thousand drunkards in the State of New York, and as the average life of the drunkard is ten years, ten thousand are annually going down to the drunkard's grave. In view of this fact, think of *thirty* drunkards being under treatment! But if these can be saved, some good will be done.

The asylum located at Media, near this city, under the charge of Dr. PARRISH, is also accomplishing a good work. We understand that it has all the patients that it has accommodations for, and that the results of treatment, so far, are very encouraging.

To combat the crying evil of drunkenness, let the influence of our profession, both by precept and by example, be in favor of the principle of total abstinence socially, and of prohibitory legislation politically.

## Correspondence.

### FOREIGN.

#### LETTER FROM PARIS.

PARIS, July 23d, 1867.

#### Astigmatism.

EDITORS MED. AND SURG. REPORTER:

At the séance of the Academy of Medicine of the 9th of July, M. GAVARRET read a report on a memoir by Dr. JAVAL, concerning astigmatism, or ametropia, as it was formerly called. This memoir describes a little apparatus invented for the qualitative and quantitative detection, given of the remediable form of the disease. The theory of the apparatus is based on the following observations.

In an eye normally constituted, the surfaces of separation of the different refragent media are regular, and may be considered as surfaces of revolution around the optic axis. Hence the point of the dioptric apparatus is sensibly the same for all meridians of the optic globe. In other terms, the light, in its passage across the transparent media of a normal eye, obeys the same laws as regulate when traversing an ordinary dioptric apparatus.

It frequently happens, however, that the curve of the surfaces of separation of the transparent media, varies from one meridian to another, and so that these surfaces are no longer concentric to the optic axis. This view of conformation, this asymmetry, occasions the functional difficulty

known as astigmatism. When an asymmetry in which the variation of the curve diminishes gradually and constantly from one meridian to another, it is called regular, and experience and calculation show that this may be corrected, and the effects remedied, simply by correcting the asymmetry of the two principal meridians.

The asymmetry may affect at the same time the anterior face of the cornea, and the two faces of the crystalline lens, or these last two only; but it is rare that the two faces of the cornea and the lens are affected coincidentally.

To detect this defect in the eye, and the glasses needed to detect it, is M. JAVAL's apparatus designed. The patient, with his eyes widely opened, looks through convex lenses of five inch focal distance, at a card, upon which are traced two similar dial plates, which are separated from each other by exactly the same distance as the glass lenses, and are placed exactly opposite the eyes. From the centre of the dial in front of the eye to be examined, radii, indicating the hours and half hours, are drawn to the circumference. The angle comprised between any two radii, is therefore about 15 degrees. The card is first placed in the focus of the lenses. The patient combines the two images into one; the axes of his eyes are then necessarily parallel. Then, by means of a metallic button placed on the side of the apparatus, the objective card is removed to such a distance that the images become confused, but remain combined. Then the card is gradually approached to the patient until at a certain distance he can say, "all the radii are dim and confused except one, which I see very distinctly." This indicates, 1st, that the eye examined is astigmatic; 2d, that the image of the objective card is in the focus of the principal meridian at the *minimum curve*; 3d, that the principal meridian at the maximum curve is in the plane of the single radius seen distinctly.

This ascertained, a series of diverging lenses is passed before the eye. This series contains twenty different combinations, from one-ninety-sixth to one-fifth. At the moment that the lens comes in front of the eye, its axis is in the plane of the principal meridian at the minimum curve, so that it does not displace the focus of this meridian, while it pushes back the focus of the meridian at the maximum curve.

When the patient says, "I see all the radii with the same clearness," the focus of this last meridian has retreated sufficiently to coincide with the focus of the other meridian, and the asymmetry is corrected.

The oculist has therefore ascertained, 1st, that the eye examined is astigmatic; 2d, what angle the two principal meridians make with the horizontal; 3d, what numbered cylindrical diverging lens is needed to make the two foci coincide. In view of these results, the commissioners warmly recommend his apparatus.

#### Ante-Columbian Surgery in Peru.

At the Imperial Society of Surgery the other day, M. BROCA presented a skull, found in Mexico by SQUIER, in an old tomb near Cuzco, in the valley of Guxay, of a date anterior to CORTEZ. The interest of this skull to the surgeons lay in the fact that it had been trepanned! The opening was situated on the side of the left frontal bone, and the appearance of the surrounding osseous tissue, demonstrated beyond possibility of doubt, that the operation had been performed on a living person. M. NELATON estimated that the patient should have lived at least eight days after the operation.

The skull presented no trace of fracture, and the aspect of the internal table of the bone at the level of the perforation, indicated that some internal lesion had been the occasion for the operation. The fact that such lesion had been diagnosed, and the operation undertaken for its cure, intimates rather advanced theoretical ideas of surgery. But the practice seems not to have kept pace with the theory, since the surgeon evidently possessed no instrument express for the purpose, but, as appears from a careful examination of the square opening with straight regular edges, operated with some kind of ordinary chisel.

#### Cerebral Hemorrhage.

At the Society of Biology, M. CHARCOT read an interesting communication upon, certain symptoms characterizing the first period of cerebral hemorrhage. He presents some considerations which he considers as equally important as means of diagnosis and prognosis, and for their bearing upon the physiological theory of the nervous system. He pronounces erroneous the common assertion that the paralyzed side is permanently colder than the other. On the contrary, the lowering of the temperature is only momentary, and is succeeded by a rise, that at first equals, then surpasses that of the uninjured limbs. The palms of the hands generally become suddenly red at the moment of the hemorrhage.

Another symptom is the formation of eschars on the gluteal region of the paralyzed side. These eschars are heralded by livid redness of the parts about to be affected; which, however, disappears under the pressure of the finger. Pre-

sently, in the centre of the red blotch appears a dark wine-colored spot, from which the epiderma falls, and which ultimately changes into the black patch of the eschar, which continually increases in extent and depth. M. CHARCOT considers these eschars as an almost certain sign of the fatal termination of the disease. Death occurs 13 times in 14 cases, and is usually preceded by the sudden elevation of the temperature of the trunk, as in cholera.

The cadaveric rigidity of the muscles of the paralyzed side after death by cerebral hemorrhage, bears a strong resemblance to that observed in persons killed by lightning, inasmuch as it occurs very promptly, is not intense, and lasts but a short time. This condition is precisely the opposite of that observed by BROWN-SÉQUARD in a paralysis of the vaso-motor nerves, when the vitality of the parts was found to be increased, the electric excitability greater, and the cadaveric rigidity more tardy and more persistent. Hence is made manifest a striking opposition between the effects of paralysis of the cerebro-spinal and the sympathetic system of nerves.

#### Naso-Pharyngeal-Douche.

Prof. WEBER has just invented a naso-pharyngeal douche, which serves to wash out the nasal cavities and pavillions of the eustachian tubes, and to make medicated injections upon their surfaces. The instrument is furnished with an extremity exactly the size of the nostrils, so that the liquid cannot run out. By pushing the piston of the syringe gently, the liquid is forced into the nasal cavity of one side, fills it, and overflows into the upper part of the pharynx, where it bathes the mouths of the tubes, and then passes into the nasal cavity of the opposite side. But there is no reason to apprehend that it will pass down the throat, since WEBER has proved by experiment, that the pharynx is always closed below, by the elevation of the palate when the nasal cavities are filled.

#### Pharyngeal Tumor.

In speaking of explorations of the pharynx, I am reminded of an interesting case of pharyngeal tumor, recently occurring at Hotel Dieu, in the service of M. RICHER. This tumor began its development in the substance of the soft palate, and bore a close resemblance to those resulting from an hypertrophy of the glandular elements of the tissue. It soon ulcerated, and became extremely painful, rendering both deglutition and respiration difficult. An operation was projected, but M. RICHER resolved first to try the effects of sublimate and iodide of potassium. Under this

treatment the ulcer healed, the tumor rapidly diminished in size, and the patient was entirely cured.

**Glosso-labial Paralysis.**

A patient has just left the service of M. HEIARD at Laribois-iere, who has been the object of much interest, as the victim of that curious, and rather rare disease, glosso-labial paralysis. This malady formed the theme of an interesting clinical lecture given the other day by M. FOURNIER, supplying the place of GERSOLLE. I did not see FOURNIER's patient, which was a type case, while that in HEIARD'S ward was additionally interesting, because it seems to constitute a new variety, or at least one not hitherto insisted upon.

For a prominent characteristic of the classic form of the disease, consists in the insidious slowness with which it is developed. With the subject in question, it was entirely different. He awoke one night, and discovered that he was unable to speak. He declared that at the time he was perfectly well, and experienced no pain or unusual sensation.

The patient is a man of about fifty, large build, robust constitution, but quite thin. Has never had a serious illness in his life. Is aware of no moral or physical cause for the present attack. At the present moment his general health is perfectly good, he suffers neither pain nor uneasiness, sleeps well, appetite and digestion good, no sign of fever. Intelligence, which seems to be naturally vivacious, is perfectly intact, and in spite of his violent struggles at distinct articulation, and his perplexity at his own state, he is not in the least nervous. There is neither paralysis, hyperæsthesia or anæsthesia, in either of the limbs.

The defect in the speech lies entirely in the articulation, enough sound is emitted by the larynx, but the lips are incapable of shaping the words. The patient mumbles completely, and with much precipitation. The lips do not tremble, as in progressive paralysis, but seem incapable of *adjustment*, the patient twists them with prodigious efforts, but cannot succeed in making them at the same time project and close upon each other. Hence no letters that require this movement, as the vowels and labials, can be pronounced.

The food is not properly retained in the mouth; during mastication it falls up behind the gums, and the patient is obliged to pull it out with his fingers, or it even drops out of his mouth. There is no deformity of the face, however, when the patient laughs, for both the facial nerves are equally affected. Finally, the tongue is affected.

It is only with the greatest difficulty that the patient can turn it in any direction, and the effort is so great that the scapula hyoidien muscle is seen to contract. To this paralysis of course is partially due the deficient articulation. The sense of taste and the ordinary sensibility are both preserved. The sensibility of the lips and cheeks is also normal. No paralysis of uvula or soft palate, nor is the voice nasal as is usual in the disease. Such is the assemblage of symptoms, for which it is sufficiently difficult to find a complete explanation.

At first sight, it seems absurd that such a disease should ever be attended with fatal consequences; yet, according to M. FOURNIER, this is almost invariably the case. The starting-point of the evil lies in the defective retention of the food in the mouth, which gradually interferes with nutrition, and the patient is actually starved to death, because the effort of eating becomes so fatiguing as to be intolerable. (When the uvula is paralyzed, deglutition is seriously embarrassed by the reflux of the food to the nasal cavities.) The symptoms once declared, have never been known to retrograde. The prognosis, therefore, for the patient in question was most grave, in spite of the limited character of the disease.

Scarified cups were applied to the nape of the neck on the first day, and on the second a permanent blister. The third day, a purgative was administered. Coincidentally with this treatment, the improvement in the patient's condition, that had already commenced before his entrance into the hospital, continued. By the 27th of May, he could speak so as to be well understood, although the speech was still very badly articulated, and affected with a curious irregularity of rhythm. From this time his condition remained nearly stationary, although the patient himself continued to believe that he was improving. About the 20th of June, he was ordered sulphur baths every day, and electrification three times a week. The electric current was directed to the nape of the neck. I am not sure whether or no a circuit was formed with the muscles of the face. From this date the improvement was rather marked. The stuttering remained the same, but the patient was able to talk much longer without fatigue, and, indeed, as if habituated to the embarrassment, began to converse with his companions as freely as in ordinary health. The last fortnight of his stay in the hospital, the electrification was performed every day. Finally, on the 17th, the patient left the hospital; the speech still shapeless and mumbling; the mouth slightly deviated; great diffi-

culty in turning the tongue to the right; impossibility of whistling. Yours, M. P.

### DOMESTIC.

#### Consultation with Irregular Practitioners.

[Without, of course indorsing the recommendations of the following communication, we would call the attention of our readers to it. In the case of the article by Dr. UR DE GRAFF, published some months since, referred to last week, we would say that he was assisted in the operation by members of County Medical Societies, some of whom recommended its publication in our columns.—*EDS. MED. AND SURG. REP.*]

#### EDITORS MED. AND SURG. REPORTER:

Believing that our code of ethics concerning consultations with irregular practitioners is injudicious, and based upon false premises, I beg leave to offer my reasons in your journal.

While admitting, that a regular medical education is essential to the *perfection* of medical qualifications, I deny that, in the abstract, it is the only presumptive evidence of ability to practice medicine. The time has come, and it would have been to the benefit of science and to our profession if we had years ago acknowledged it, when no party of men, however wise, or well educated, or who from any extrinsic circumstances, because of their conditions, claim to be the only guardians of truth and morality, or religion, even, will meet the approval of an intelligent community. It savors too much of arrogance and conceit, too much of that spirit which believed nothing good could come out of Nazareth, and it furnishes an effective lever to those artists who love to caricature us.

In olden times, I well recollect, how my cap came off when in presence of the "minister," but who cares for the office now, unless merit goes with it.

When we get wise enough to let our *merits*, not our means of education, be the criterion of our claims to public confidence, quackery dies, and not before.

The rule seems to place a tinsel garment upon my shoulders, which my manhood is ashamed to wear. The idea it suggests, that I can be so easily contaminated by a consultation with my inferiors(?) is an acknowledgment of snobbery at which my sense of self-respect revolts.

We deny, in all our other relations to humanity, this principle of necessary contamination, or endorsement of error, because we come into contact with it, and why should we continue the folly *here*, so long as public intelligence sent it adrift years ago.

Look around and see, if you can find amongst

the better classes of the community any respect for a doctor, unless, by his intrinsic merits he commands their confidence.

The "divine afflatus," that clothed the profession, in olden times is worn out with us, as well as with the clergy, and it will be better for us to know that we are naked, than to suffer the delusion that we have something over us which the world admires.

The ethic is based also, upon the false assumption, that irregular practitioners are not educated. This is not true—some have better educations than many regularly educated practitioners, and admitting this, concedes no virtue to a poor means of education, it simply admits that there are live, earnest, thinking men who have acquired more education under inconveniences, than lazy dolts have done with the best means at their command.

Some of the irregulars, I have no reason to doubt, are earnest seekers after truth, men who work as hard to master science as the regulars, men who are as honest, free from all guile or tendency to charlatanism, but this ethical rule forbids that I should meet them in consultation, should hold out the hand of fellowship to them, or try to convince them of the error of their way in the best way I know, by a show of superior merit.

It seems to me that this is wrong; unjust to ourselves, unjust to society and unjust to them. I would say, meet these men, try and redeem them from the errors they labor under, and do it always with that manly dignity which comes from a consciousness of power because we are right, and a sincere wish that all others may be. Abolish the rule, and in so doing, trample upon the idea that dictation is essential to our professional character upon subjects within reasonable conceptions of educated manhood.

Let each member of the profession determine for himself what is derogatory to his reputation, and let him stand or fall upon his own merits. Then will men lose all power to build distinct sects, as sects, for a man may believe all that he sees to be truth, corrected only by a better light when it shines. He may practice homœopathy, or hydropathy, but he can claim no distinction as a sect because we *concede* his right of opinion, and *admit* all he can show to be truth in his theory.

All our differences of opinion is the result of ignorance, either of ourselves or others, and the greatest obstacle to progress, is, and ever will be, our unwillingness to concede the right of opinion to others which we claim to ourselves.

I have no fear of opposing quackery with science, and with rascals either in or out of the profession I hold but little intercourse, yet still claim myself competent to determine my conduct.

With the "ios" or "isms" or "pathies" I have no wish to affiliate, but knowing my own imperfections, I pity and not condemn those whom I think err.

The ethic in question is virtually ignored by many of our best physicians either from misconception of its principle or from views like mine, and my honest conviction is that it is a dead law. So long as it remains it will bind some honest men to a course of action that they cannot approve, while others will contrive to get around it, believing in "higher" laws than codes or creeds. If men do not have honor enough to obey right principle, they will be hard subjects to redeem by a law, and if they cannot see the right of a law or rule, I apprehend the rule will be equally abortive.

WM. W. GARDNER, M. D.

Springfield, Mass.

#### Ozone as a Disinfectant.

EDITORS MEDICAL AND SURGICAL REPORTER:

As the subject of ozone as a purifier is now attracting attention, I request you to insert in the REPORTER the following circular, published by me six years ago.

In treating and experimenting on ozone before my class in chemistry at the Cooper Institute in this city, [New York, 1861,] I explained that careful experiments seem to prove, almost without a doubt, that ozone does not exist in unhealthy localities, as in the fever wards of hospitals, or in some districts at the time of the cholera or other malignant contagious diseases are raging; and always exists in greater or smaller quantities in healthy localities. That therefore modern chemists supposed ozone to be the most powerful disinfectant, considering it after FARADAY as simply oxygen in an active allotropic condition, or with BUNSEN (which is more probable) as a compound of oxygen and hydrogen ( $\text{HO}_2$ ,  $\text{HO}_3$ , or perhaps  $\text{HO}_4$ ), so strongly acid that it possesses the power of decomposing all miasma.

The idea struck me, why has not ozone been fairly tried as a disinfectant in fever wards of hospitals, on board ships, and other locations where miasmatic influences are to be destroyed?

I therefore take the liberty to bring this subject to the attention of those medical men who possess the control of such localities, with the request that they try this new disinfectant, in place of the suffocating chlorine compounds

hitherto used, and found by experience to be unreliable, or in place of the different carbides, obtained by the distillation of mineral coal, which are subject to the general objection of a highly disagreeable, and for some persons insufferable odor, which, as far as my experiments have gone, cannot be destroyed without decomposing the substance itself. I suppose that at present many chemists are trying, (as I have done myself.) to deodorise these ethereal oils, instigated to those attempts by the manufacturers of different kinds of illuminating fluids, or by physicians who wish to procure a substitute for the disinfectant of *Corne and Demeaux*, patented in France, and composed of coal tar and plaster.

May not something be done to settle the doubts about the influence of ozone, excited by experiments concerning its presence in diverse localities, which experiments produced conflicting results during the Crimean campaign.

As the manner of preparing it and the tests for ascertaining its presence are given in every modern text book on chemistry, I need not speak of it here. I close with the wish that this disinfectant may be fairly tried, producing it on the infected spot itself in small but sufficient quantity. Of course the necessary precaution and judgment must be used, to prevent the increase of catarrhal affections, if produced in excess, or any other evil effects, which perhaps might result from certain modes of preparation.

P. H. VANDER WEYDE, M. D.

Philadelphia, August, 1867.

#### Remarks on a Case of Poisoning.

EDITORS MEDICAL AND SURGICAL REPORTER:

I notice in your journal of Aug. 10th, an article headed, "Notes of Post Mortem Appearances in a Case of Vegetable Narcotic Poisoning," by Dr. M. M. BROWN, of Ithaca." After describing the symptoms under which the lad labored, such as "irritability of stomach," "vomiting," "small red spots on the lower limbs," and afterward "over the whole body," "drowsiness," "sensitiveness of surface," "coma," "small, wiry, and frequent pulse," "rapid respiration," "dark-colored, swollen tongue," etc., the writer adds, "The evening of the 18th of June, he ate the *pyrola*," leaving the reader to infer he was poisoned by this plant.

Now, none of the six species of *pyrola* which are found in the United States are poisonous; nor are any of the *chimaphilla*, which are now, by most botanists, included in the same genus (*pyrola*), endowed with poisonous properties. Indeed, there is not a single poisonous plant

included within the natural order ERICACEÆ, to which the sub order *pyroleæ* belongs. There is, it is true, a popular prejudice against the *pyrola maculata*, (formerly *chimaphilla maculata*.) so much so, that it is called in some parts of the country "*poison pipsissewa*;" it, however, possesses the same properties, only in less degree, as the *C. umbellata* (winter-green *pipisssewa*), namely those of a tonic and astringent, with slight diuretic power.

The case related by Dr. BROWN is a very interesting one, and I hope he will prosecute his inquiries so as to inform us what the plant really was which produced such peculiar and striking effects.

On the whole, I suspect the lad had been eating *water hemlock* (*cicuta maculata*), which is often mistaken for *sweet cicely* (*osmorhiza longistylis*). Some of the symptoms, however, bear a close resemblance to those produced by *belladonna*. But this plant, so far as I know, does not grow in the neighborhood of Ithaca. Being an exotic, it is only found where it is cultivated for medicinal purposes. Had it been this plant that was swallowed, *dilatation of the pupils* must have been a prominent symptom. The *scarlet eruption* also would have been generally diffused over the entire surface, and not in patches.

Let us have more light on the subject.

CHARLES A. LEE, M. D.

Peekskill, N. Y., Aug. 13, 1867.

## News and Miscellany.

### Choroidal Tuberculosis.

The Berlin correspondent of the *Brit. Medical Journal* remarks:

Dr. COHNHEIM's observations, pointing to the very general, if not constant occurrence of tubercular nodules in the choroidal tunic of the eye, in cases of acute miliary tuberculosis, afford an additional illustration of the assistance the physician may expect to derive from ophthalmoscopic investigations in the diagnosis of constitutional disease. Previously to January last, when that distinguished pathologist, at present the assistant of VIRCHOW, first communicated a paper on the subject to the Berlin Society, only four cases of choroidal tuberculosis had been recorded in medical literature; so that it had come to be regarded more as an anatomical curiosity, without any claim to practical importance.

In every instance, at least seven other internal organs were the seat of tubercular eruption. The lungs were invariably affected, and without exception, also the thyroid gland, which has thus forfeited the immunity it was believed to possess from the occurrence of tubercular growths.

The ages of the subjects ranged from six

months to fifty-nine years. With one exception, both eyes were affected. In two cases a solitary tubercle was found on one side; in the majority, from four to eight were seen; in one case, as many as forty were counted in one eye, and fifty in the other. They were disseminated all over the background, either singly or in groups, with occasional tendency to confluence.

### Animal Poisons.

In some experiments on the poison of the cobra di capella, which GEORGE B. HALFORD, M.D., Professor of Anatomy in the University of Melbourne, has been lately engaged in, he has discovered that when a person is mortally bitten by the cobra, molecules of living "germinal" matter are thrown into the blood and speedily grow into cells. These cells multiply so rapidly that in a few hours millions upon millions are produced at the expense of the oxygen absorbed into the blood during respiration; and hence the gradual decrease and ultimate extinction of combustion and chemical change in every other part of the body, followed by coldness, sleepiness, insensibility, slow breathing, and death. The cells which thus render in so short a time the blood unfit to support life, as described by the professor, are circular in diameter, on the average of one seventeen-hundredth of an inch. They contain a nearly round nucleus of one two thousand-eight-hundredth of an inch in breadth, which, when further magnified, is seen to contain other still more minute spherules of living "germinal" matter. In addition to this, the application of magenta reveals a minute colored spot at some part of the circumference of the cell. This, besides its size serves to distinguish it from the white pus or lymph-corpuscle. The professor adds to his account of the action of this powerful poison that he has many reasons for believing that the *materies morbi* of cholera is a nearly allied animal poison, and that if this, on further examination, should prove to be the case, we may hope to know something definite of the poisons of hydrophobia, small-pox, scarlet fever, and indeed of all zymotic diseases.

### Moral disease accompanying Cholera.

In connection with the prevalence of cholera in Italy it is said that "a symptom of moral disease, quite as melancholy as the physical malady, has been observed, especially in the Calabrias and Sicily, though even the northern provinces are not free from its contagion. This symptom is the dread of poison, the belief in its presence through various malevolent agents and noxious influences. In Italy this dread greatly excites the mind of the suffering population, and adds to their calamitous state. A thirst for vengeance upon the soldiers, who are supposed to be in some mysterious manner connected with the cholera, is felt by the people. The unremitting zeal and kindness of the officers and men in the care of the suffering and sick have been nothing to calm the popular feeling. Even when they are assisting the suffering they are regarded with hatred and suspicion—nay, frequently subjected to violence."

Is my Consulting Physician a Gentleman?

DR. U. R. MILNER, of Jefferson City, La., in a communication to the *Southern Journal of Medical Sciences* "on the Professional Manners of Physicians," makes the following remark, which, unfortunately for the profession, is a well deserved reflection upon the character of many a consulting physician. "It is a bane of the profession, and a fact attested by the experience or observation of every member of it, that at this day consultation, which is a most valuable auxiliary to successful practice, and when properly conducted and appreciated, an invaluable boon to afflicted man, is made, eight times out of ten, the opportunity of one party or the other to injure the other, either by insinuation of some sort or by downright slander. What manners! And what is the effect? Consultations are shunned and ignored, and a general distrust is engendered. If a high-toned, honorable gentleman and doctor is forced to have consultation, and some one is proposed and preferred by the individual or family whom he does not know, the first question he asks himself is, 'Is he a gentleman?'"—*Med. Record*.

Cryptogamia in Cholera Patients.

DR. FILIPPO PACINI claims, in his *Operazione Microscopiche e Deduzioni Patologiche sul Cholera Asiatico* (Firenze 1854,) to have completely anticipated the observations of KIOR and THOMÉ on the "cylindro-tenium" in cholera. Twelve years since, he discovered, and carefully described, these parasitic cryptogamic organisms among the intestinal villi of cholera patients. He estimates their length at one one-thousandth of a millimetre. In August 1865, he again referred to the subject in a further memoir in the *Cronica Medica* of Florence.—*Brit. Med. Journal*.

**SULPHITES IN YELLOW FEVER.** It is said that most flattering results have been obtained by the medical officers of the British fleet now in the West Indies, from the employment of the bi-sulphites of lime, soda, and magnesia, in the treatment of yellow fever. A full dose of castor oil is given at the onset of the disease and scruple doses of the bi-sulphites every few hours during its continuance. Now that this dreaded pest threatens to ravage our southern sea-board, this eminently rational plan of treatment merits a fair trial.

Just as this number is ready for press, we learn that our article in last week's number under the caption "Charlatanism Exposed," does great injustice to Dr. T. S. UP DE GRAFF, of Elmira, New York, as he is not the individual whose paper and posters were before us when we penned that article, but a person who appears to be imposing on the public in his name. We will learn the facts and make further comment hereafter.

[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]

MARRIED.

BRAMAN—GAGE.—At Tarry Haute, Ind., Aug. 13th, Dr. Chandler B. Braman, of Brighton, Mass., late Asst Surg. U. S. A., and Miss Cecilia S. Gage, of Terre Haute.  
HOW—DEWEY.—At Central Church, Thursday, Aug. 8th, by Rev. Henry Fowler, Dr. W. Store H. W., of Cincinnati, Ohio, and Miss Clara E. Dewey, of Auburn, New York.  
LYLE—HARRIS.—Aug. 15th, by Rev. Noah Corum, at the residence of the bride's father, Dr. J. Nat. Lyle and Miss Lavinia E., eldest daughter of Temple Harris, Esq., all of Dandridge, Tennessee.

DIED.

HART.—At Pittsfield, Mass., Aug. 19th, after a short illness, John Hart, M. D., of New York, aged 58 years.  
JONES.—In Evansville, Ind., on the 4th of July, Hiram G. Jones, son of Dr. H. G. and Annie S. Jones.  
KREPPS.—May 8th, 1867, on board the steamer Golden Eagle, near Paducah, Kentucky, Annie D., wife of Dr. C. W. Krepps, of Brownsville, Pa.  
MOODY.—At Greensburg, Ind., Aug. 17th, Dr. John W. Moody. He was a prominent physician of the State, and for some years held the office of Commissioner of the State Insane Hospital.  
SMITH.—In Chicago, Ill., Aug. 13th, Dr. Orrin Smith, an esteemed citizen and old medical practitioner.  
WARREN.—In Boston, Mass., Aug. 19th, Dr. J. Mason Warren, an eminent practitioner, aged 56 years.  
WESTERVELT.—Aug. 19, at New Brighton, Staten Island, John S. Westervelt, Jr., in the 37th year of his age, son of Dr. John S. Westervelt.

ANSWERS TO CORRESPONDENTS.

Dr. B. S. M.—The best work on medical microscopy is Beale's. Price, \$7.50. The latest and best on the eye is the last edition of Williams (See *REPORTER* vol. xviii, p. 34). The microscopical examination will be made shortly.  
Dr. J. L. S.—The cost of a really good microscope would be \$55 00. This is "Woodward's Student's microscope."  
Dr. G. W. B.—"Will you be kind enough to inform me of the best treatment for milk mouth as the women term it here? It appears in ulcers in the mouth." We are not familiar with the disease by that name. Is it not ordinary ulcerative stomatitis?  
Dr. C. D. C. and E. L. R.—"What time do the Edinburgh and London Medical schools open? What are their fees?" The Anderson University, Glasgow, commences the first Tuesday in November and first Tuesday in May. All fees for lectures and hospitals £10. In the Mid Essex Hospital, London, the perpetual fee to all lectures is £105; in St. Mary's Hospital Medical School the fee for hospital practice and lectures is 80 guineas if in advance; a perpetual ticket in Guy's Hospital costs £100, or £40 a year; in St. Bartholomew's Hospital, the general entrance fee is 35 guineas, etc. etc. They all have a winter and summer course, commencing about the first of November, and first of May. A graduate of an American Medical school can visit the hospitals by showing his diploma and paying a small fee. Its exact amount varies. We have no catalogues.  
Dr. J. R.—In binding the *REPORTER* some persons prefer to leave the advertising pages in. We do ourselves, but in binding for subscribers we omit them.  
Dr. G. A. G.—Mott's ed. of Velpeau's Surgery is out of print.  
Dr. S. H. B.—Narcotine cost \$12.50 a drachm.

METEOROLOGY.

August,	12,	13,	14,	15,	16,	17,	18,
Wind.....	S. W.	S. W.	E.	N. E.	S. E.	S. E.	N. W.
Weather.....	Clear	Clear.	Cl'dy.	Rain.	Rain.	Rain.	Clear.
Depth Rain.				4 1-10	2 1-10	4-10	
Thermometer.							
Minimum.....	62°	63°	72°	62°	66°	66°	65°
At 8, A. M.....	75	73	75	70	75	69	73
At 12, M.....	80	82	74	74	73	74	74
At 3, P. M.....	81	83	74	72	73	78	75
Mean.....	74.50	75.25	73.75	69.50	71.75	72.25	71.75
Barometer.							
At 12, M.....	30.2	30.	30.1	30.1	29.8	29.9	29.9
Germantown, Pa.				B. J. LEEDON.			

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Dupuytren	80
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Potass: Bromid: 1 gr.	75
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Quinia, 1 gr.	1 75
2 gr.	1 75
Comp.	75
et Ferri	75
et Strychnia	1 50
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